



Figure 2 (a)

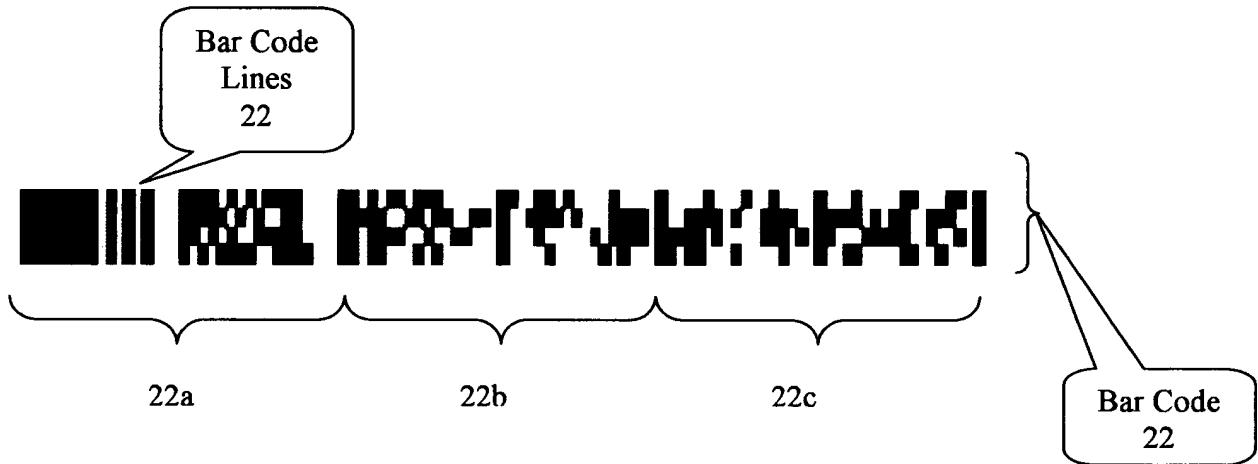
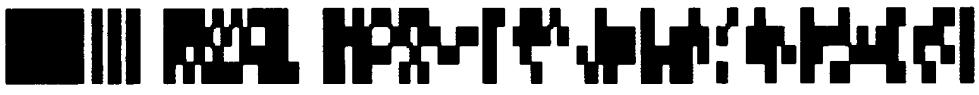


Figure 2 (b)

Figure 3

	
<p>Bar Code Line 22</p>	
<p>Bar Code 21</p>	
To	<hr/>
From	<hr/>
Date	<hr/>

To _____

From _____

Date _____

Comments 32

Coded
Information
Header Sheet
31

Figure 4

Identification Number 164 A	Coded Information 164 B
1 2 3 4 5	· · · · ·
1 2 3 4 6	· · · · ·
1 2 3 4 7	· · · · ·
1 2 3 4 8	· · · · ·

Unique
Transmission
Record
164X



Figure 5(a)

Identification Number 166 A	Coded Information 166 B
1 2 3 4 5	A B C D E F G
1 2 3 4 6	H I J K L M N
1 2 3 4 7	O P Q R S T U
1 2 3 4 8	V W X Y Z

Unique
Record
166X



Figure 5(b)

Identification Number 170 A	Coded Information 170 B

170

Figure 6

Patient Identification Number 172 a	Access Code 172 b

172



Figure 7

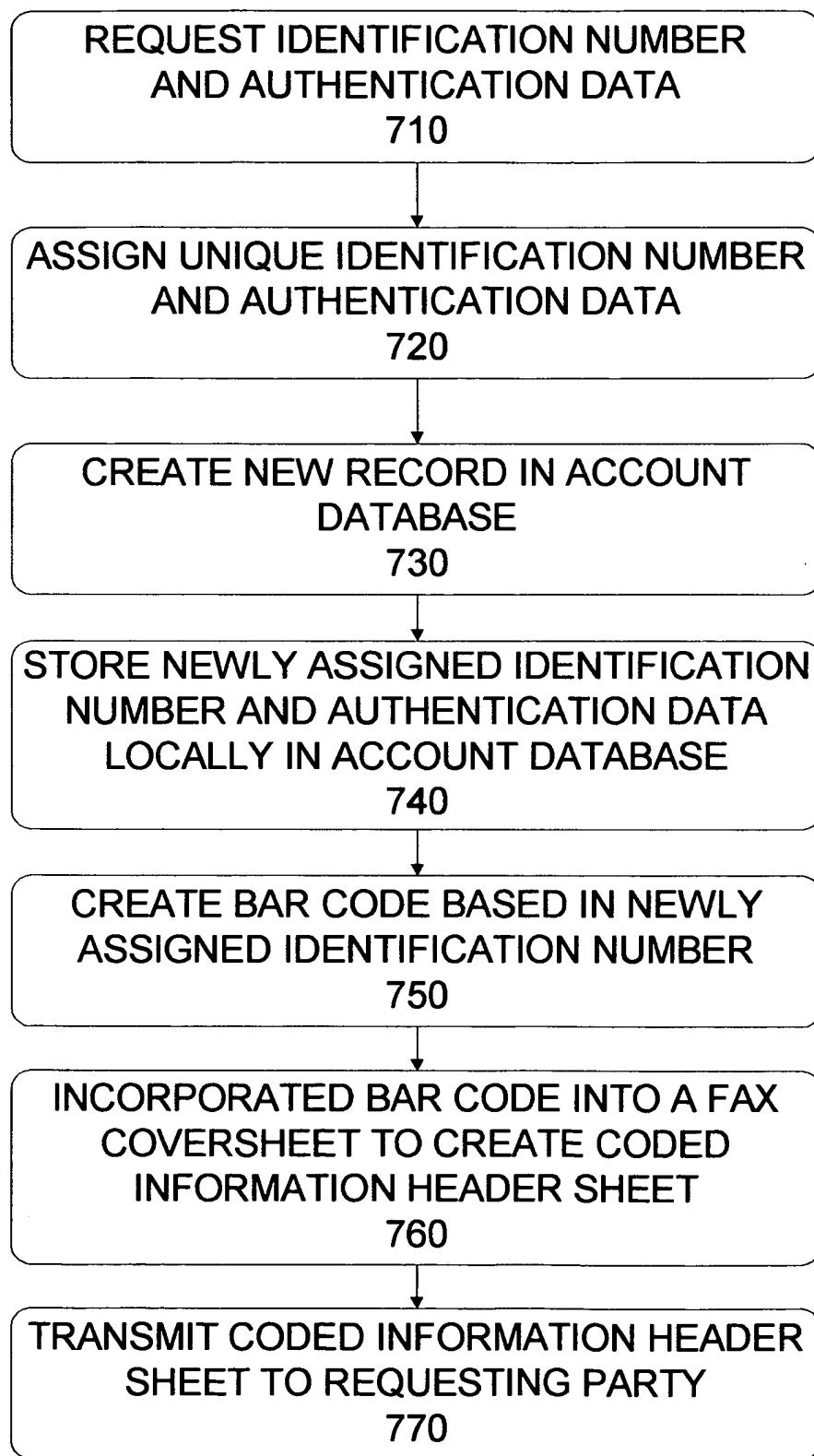


Figure 8

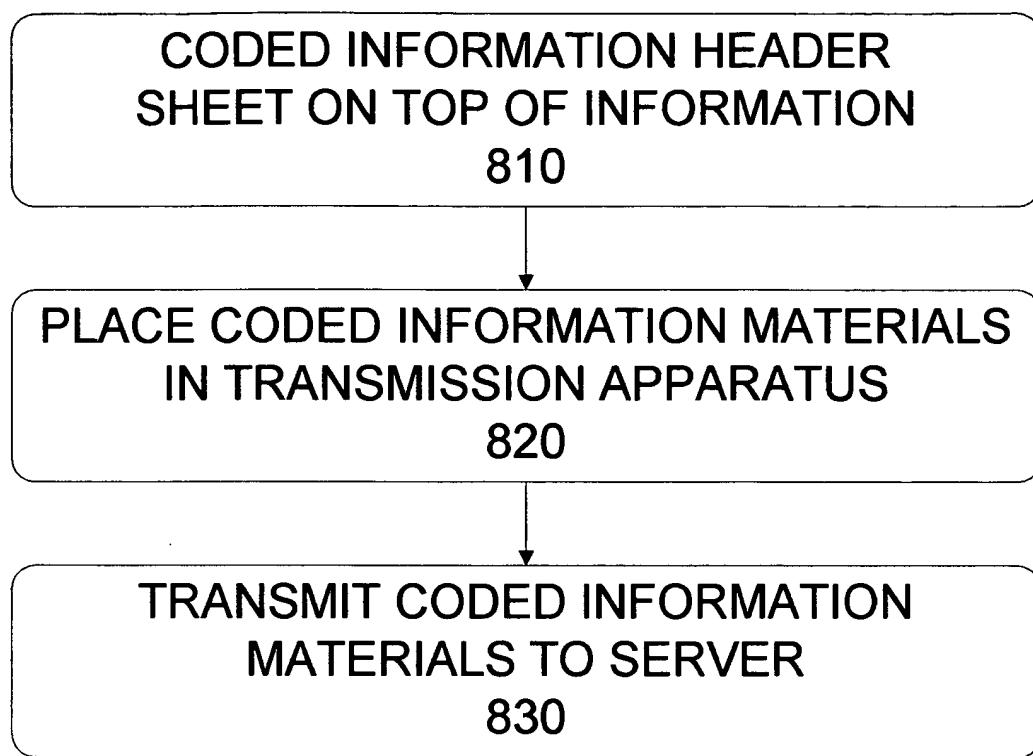


Figure 9

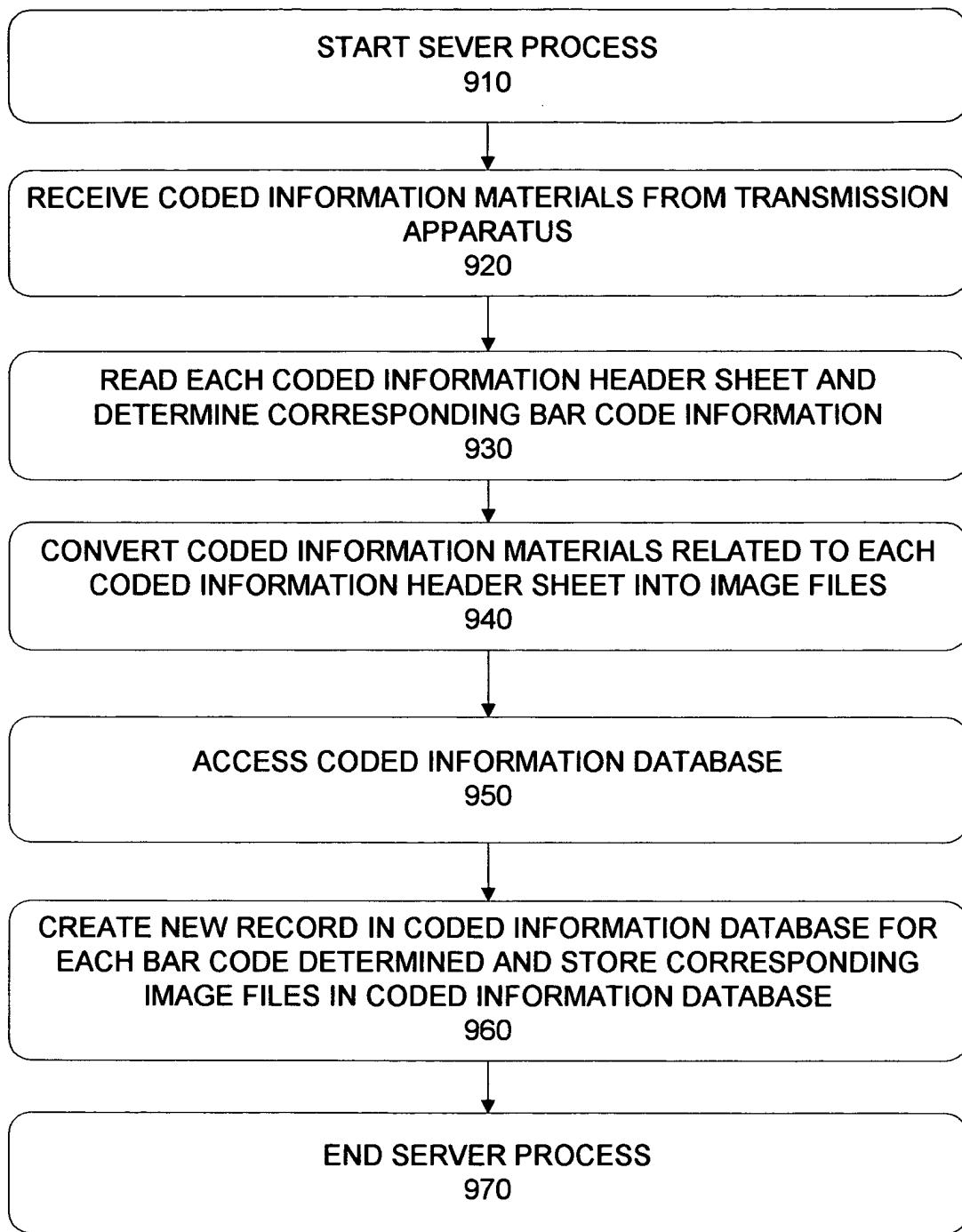


Figure 10(a)

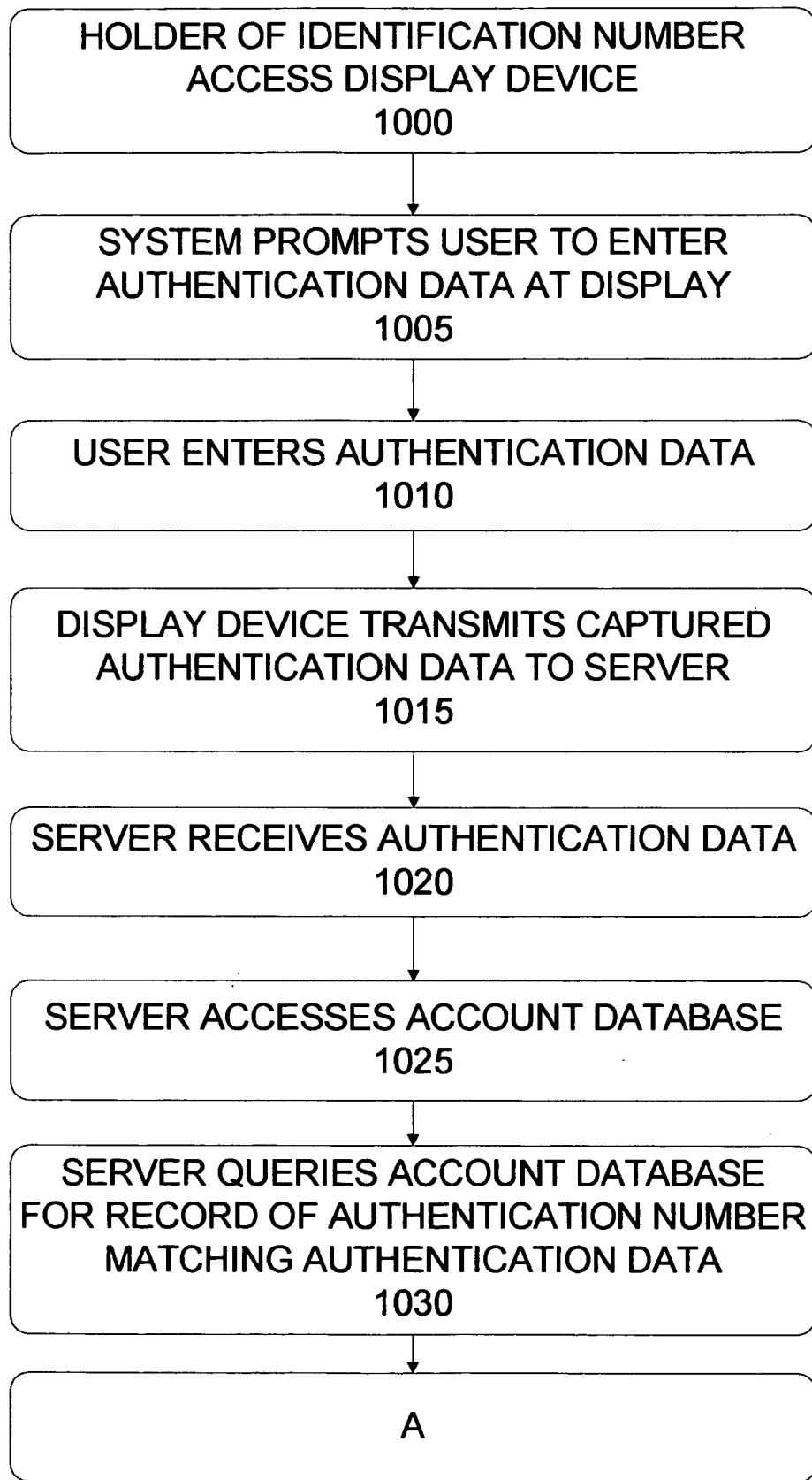


Figure 10(b)

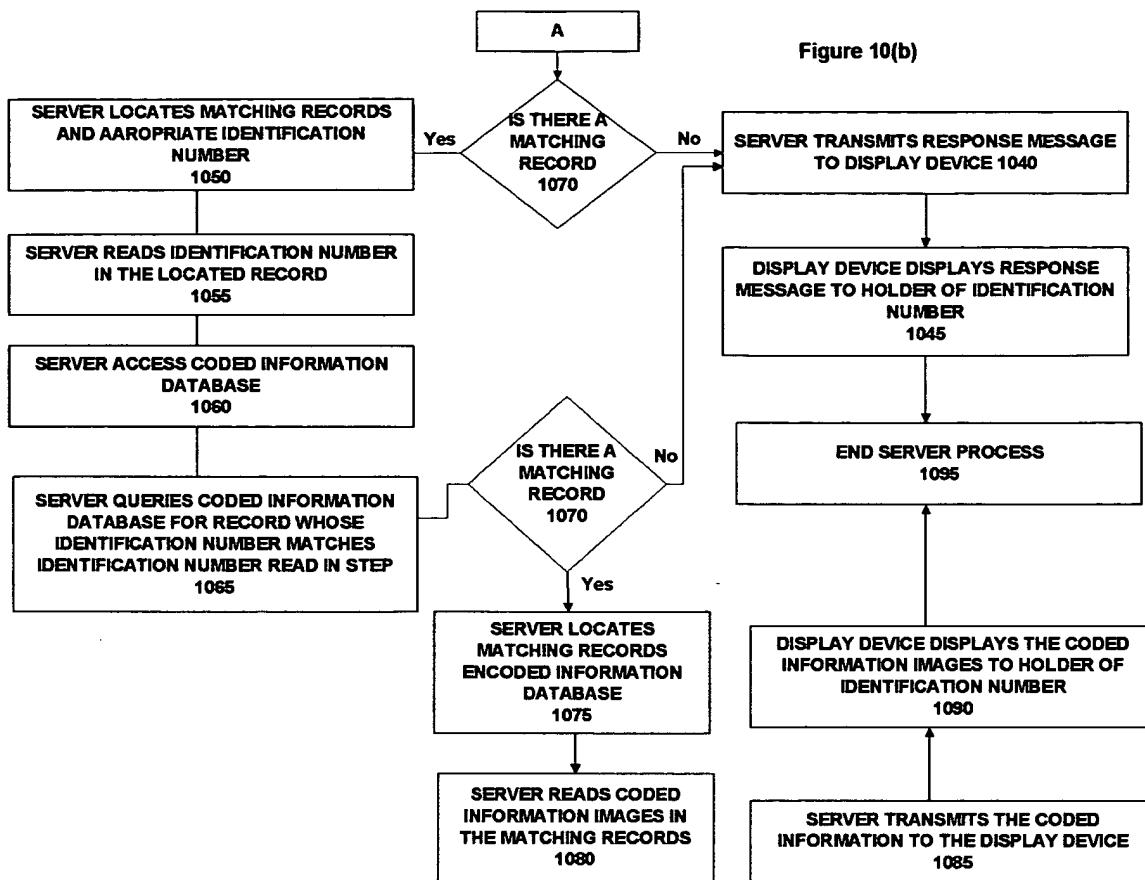
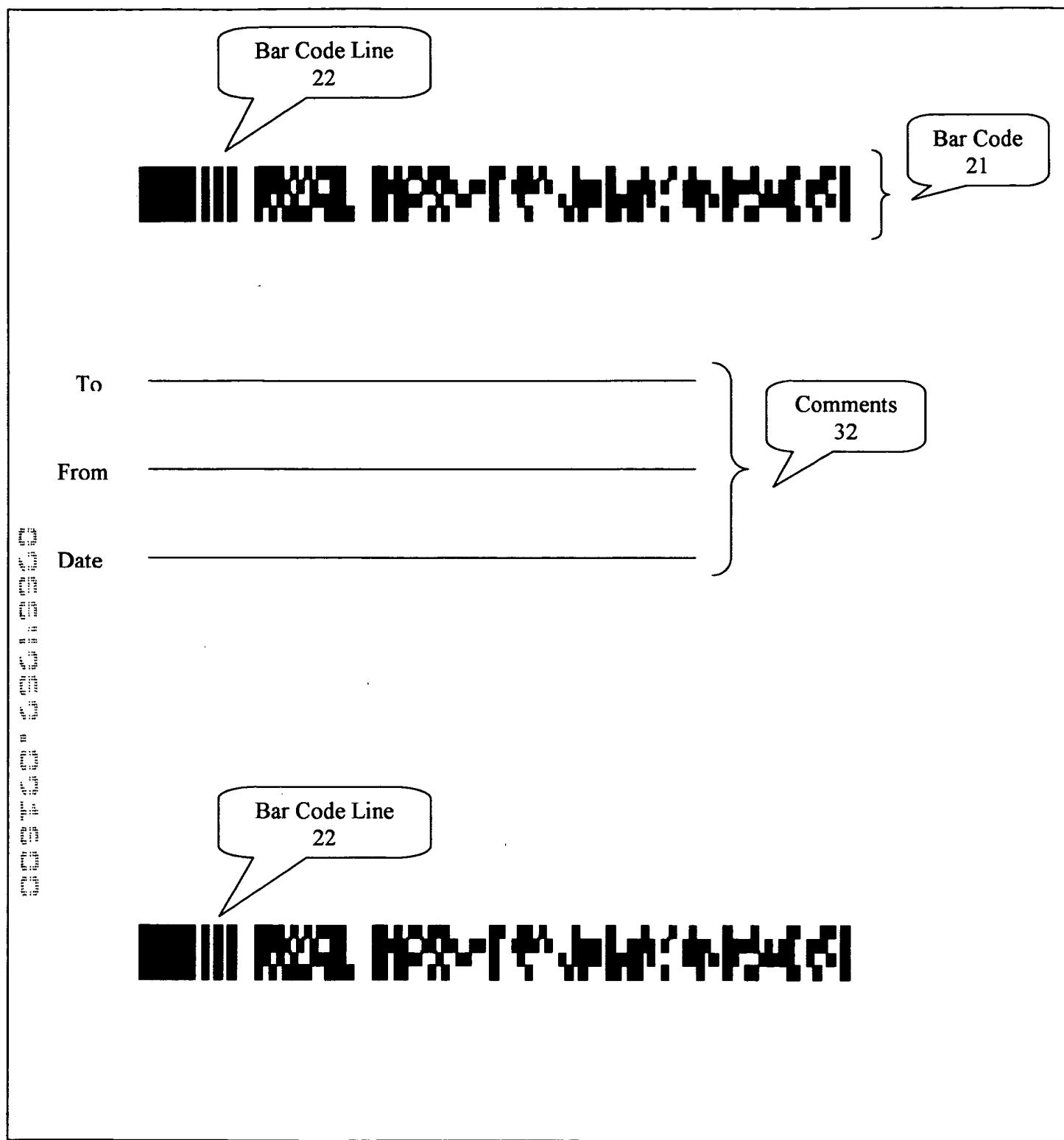
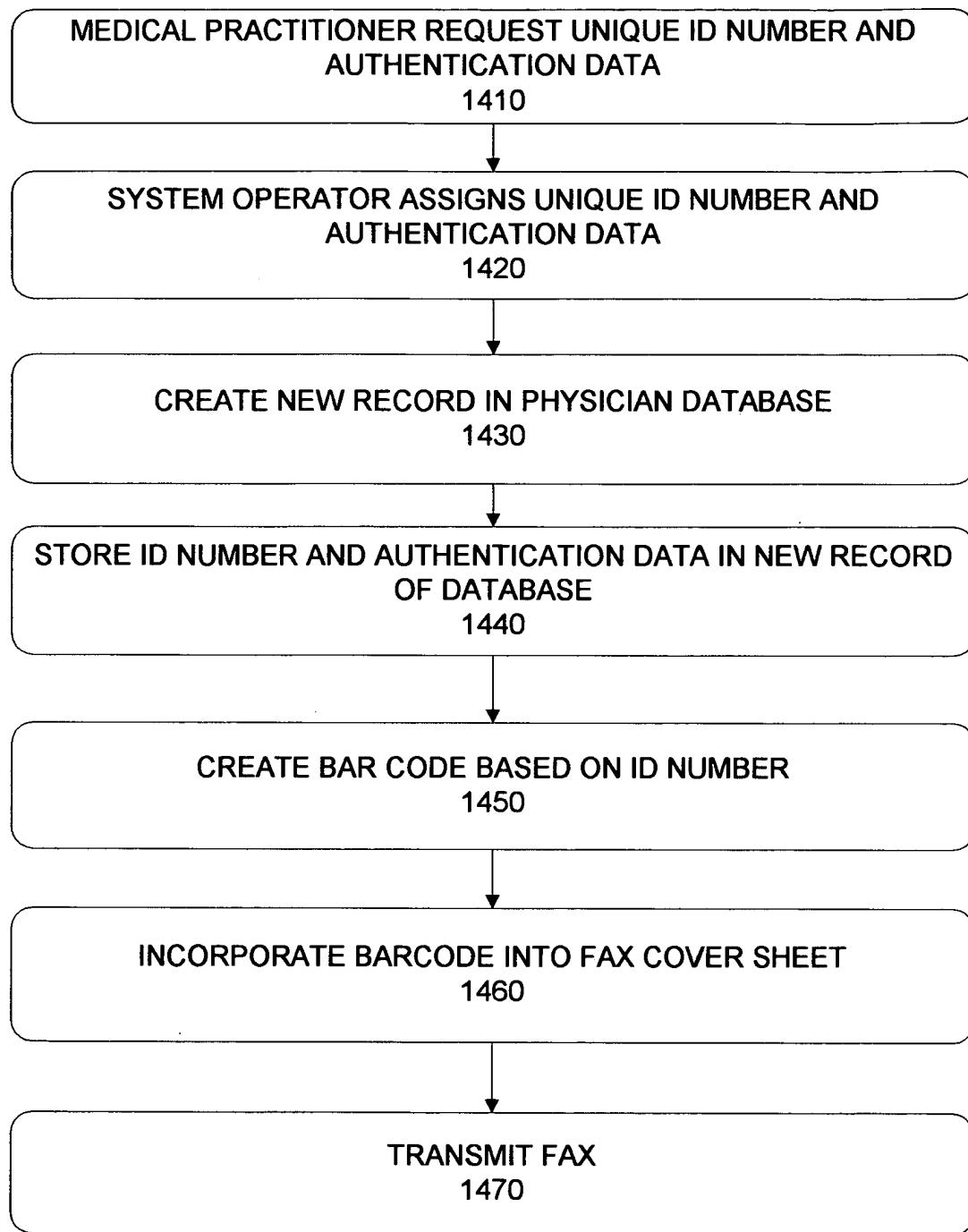


Figure 11



Coded
Information
Header Sheet
31

Figure 12



MyMedicalFiles (MMF)

225



0000039806

Reusable Fax Cover Page Fax To: 1 (917) 322 2227

Patient Name (Print) _____ Date of Birth _____ / _____ / _____
 First _____ Last _____

I authorize my physician to fax in my medical files to MMF Systems, Inc. I authorize MMF Systems, Inc. to charge my credit card \$35.00 plus sales tax.

Patient Signature _____ Card Holder's Signature _____
(fill only if different from patient)

Credit Card Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date

--	--	--	--

Month Year

Patient Information

Phone () _____

Email _____

Address _____

City _____

State _____

ZIP _____

205

To allow your Physician to view your medical files, copy the PIN from your MMF card into the box below.

Username **39806**

Enter PIN to allow Physician access

206

Instructions for the Physician's Office:

Step 1: Use Fax Cover Page to send the medical records selected by physician
 Step 2: Keep this Fax Cover Page in MMF Manual or in your files.

235

Physician Login
Username

Member Login
Username

245

PIN

235

Access by phone (800) CALL MMF

240

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Instructions for Physician

215

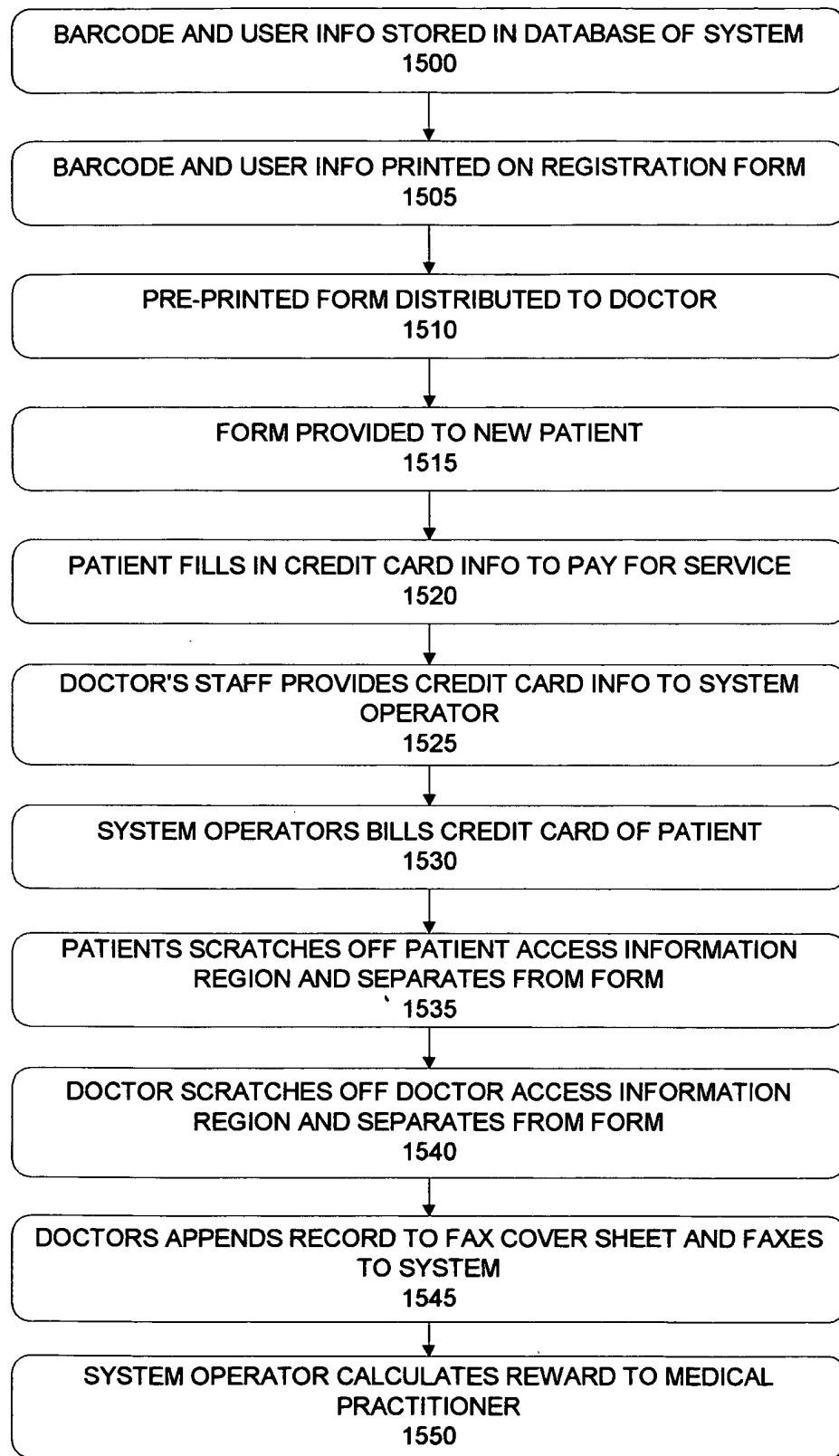
0000039806

**IMPORTANT: Verify medical records
being faxed belong to patient above.**

200

Figure 13

Figure 14



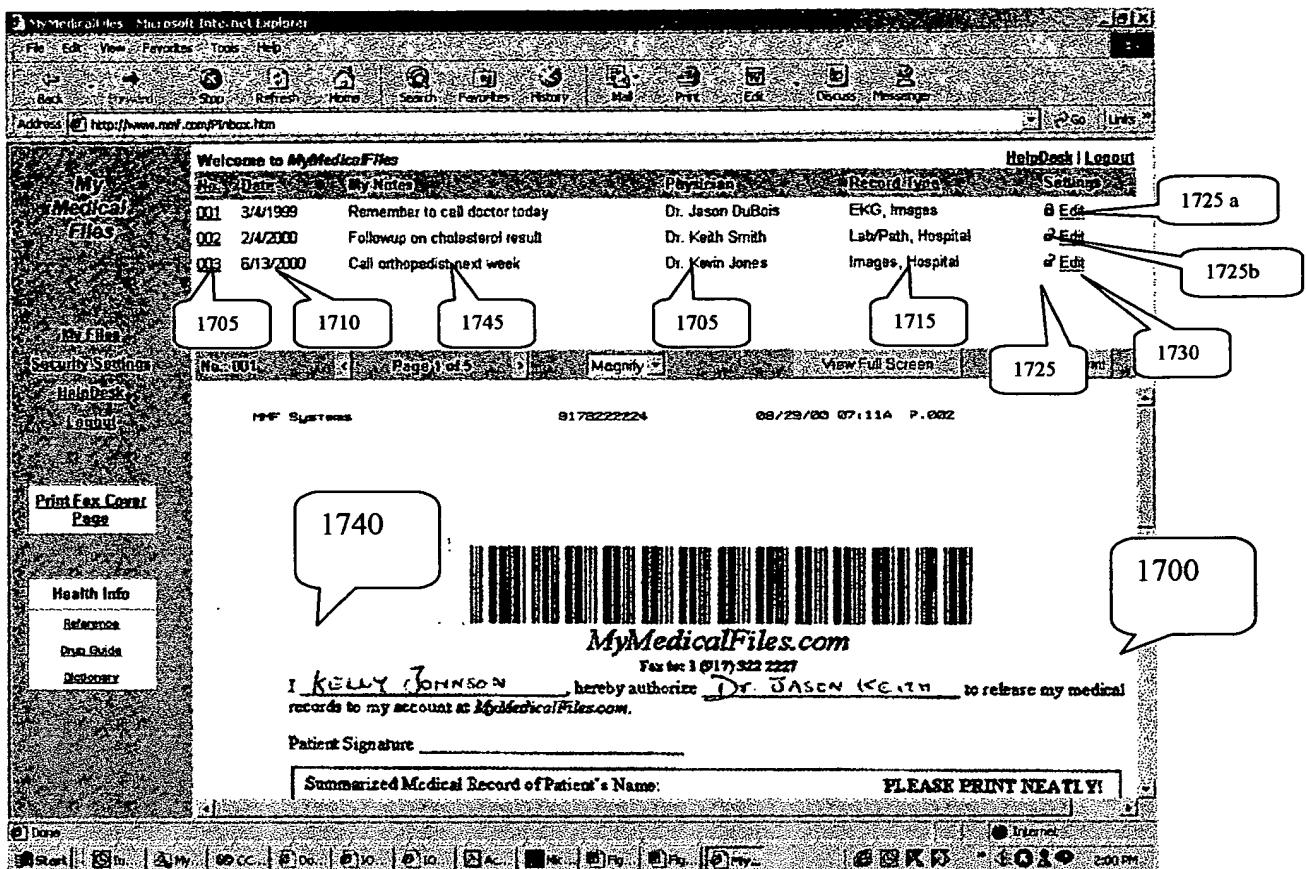


Figure 15

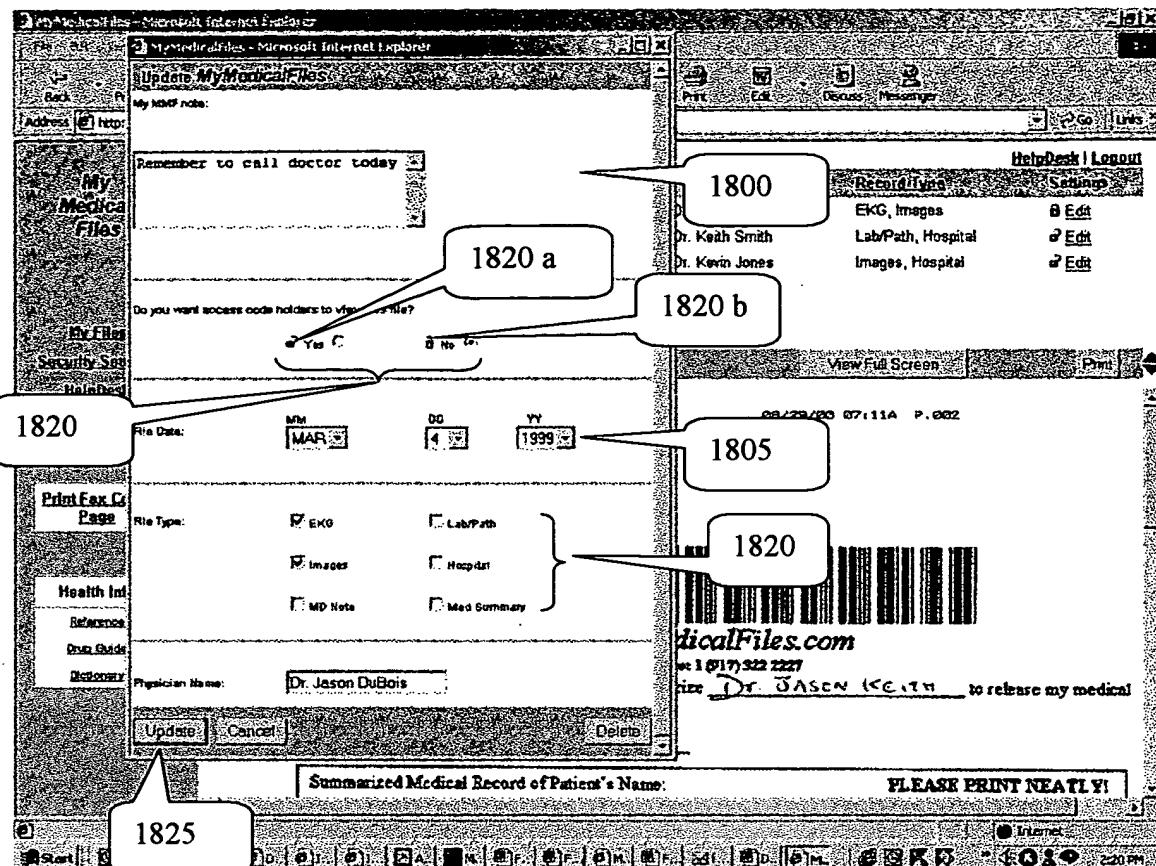


Figure 16

Figure 18

No	Patient Name	User ID#	Access Code	Other
1	Jim Jones	12345	xyz
2	Stan Smith	67890	abc
3			“Access Denied”
4				
5				

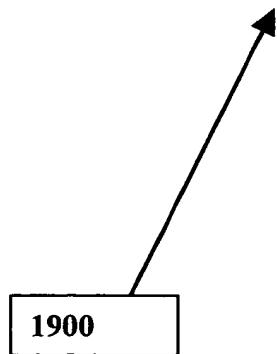
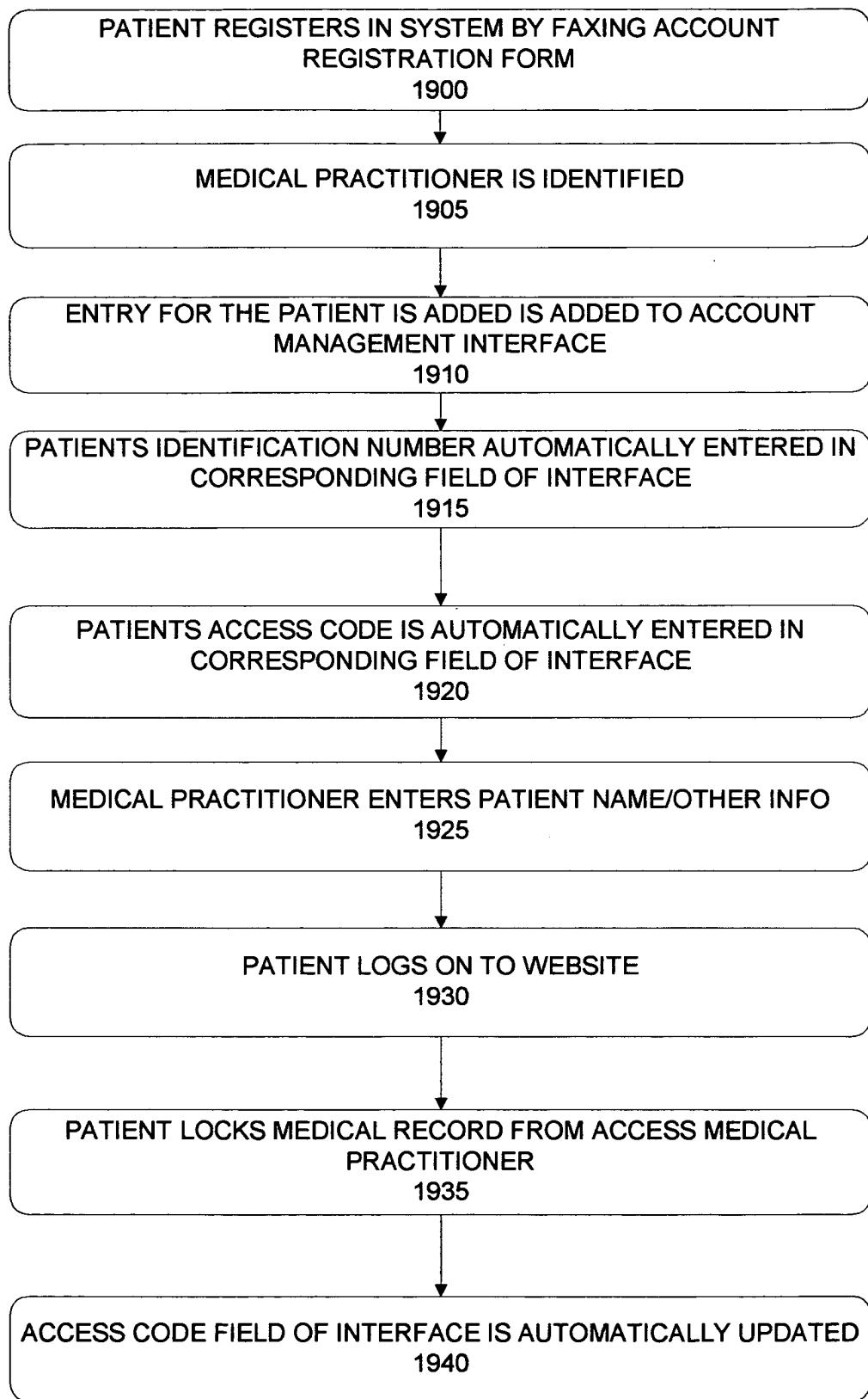


Figure 19





21

MyMedicalFiles
For Tel: 1 (917) 322 2222

MMF RE-USABLE FAX COVER PAGE

I authorize my physician to fax in my medical files to my account at MMF Systems, Inc. I have read and understood the Terms of Use as printed on the brochure (or website).

Patient signature _____

If you wish, please provide your Physician with Username and Access code so he/she may access your record when making medical decisions.

Preferred Name (Printed)	Kelly Johnson
Date Of Birth	
Username (Optional)	
Access Code (Optional)	

405

Instructions for the Physician's Office:

Step 1: Please use this re-usable fax cover page to send to MMF the medical documents the physician has selected.

Step 2: Please retain this fax cover page in the MMF Manual or in your traditional filing systems.

OFFICE STAFF: Please verify the documents being faxed belong to this patient.

400

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Figure 20